

WEST ESPA MEASUREMENT DISTRICT

_____ *Calendar Year*
WATER MEASUREMENT ANNUAL REPORT

For the Water Measurement Using - **MEASURING DEVICE METHOD**

ATTENTION: Year end data must be submitted to the West ESPA Measurement District
% Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID
83301, on or before **January 15th of the ensuing year.**

NOTE: A separate reporting form must be submitted for each well.

Name:	_____
Water Right No:	_____
Legal Description:	T_____ R_____ Sec. _____ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$
Site Tag No:	_____
Diversion Name:	_____

SECTION I. Appropriator Information

Please Check for Address Corrections

Name and Address of Water Right Holder and Note Changes in SECTION VI-Comments

Current Owner

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

Original Owner (if sold within last year)

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

Operator (if leased or operated by someone else)

Name _____ Phone _____

Last, First, MI

Address _____ Fax _____

City _____ State & Zip _____

SECTION II. Meter Readings

Describe type or brand of the meter: _____

Record flow meter volume and flow rate at least once per month. Take year-end reading near December 31. Record units (gallons, acre-feet, gpm, cfs) and any multipliers. Please explain when two or more diversions are measured with one meter or when two or more meters are used for one diversion (indicate each meter's readings).

Date (enter date of reading if different than below)	Total Volume Reading Units: _____ (gal or af) Multiplier: X _____	Flow Rate Units: _____ (gpm or cfs) Multiplier: X _____	Discharge pressure (psi)
January 1			
January 31			
February 28			
March 31			
April 30			
May 31			
June 30			
July 31			
August 31			
September 30			
October 31			
November 30			
December 31			

* Please take reading on or near the end of each month.

Do the totalizer readings above include the meter multiplier? _____ Yes _____ No

Total Gallons _____

OR

Total Acre-ft _____

(325,850 gallons per acre-foot)

SECTION III. Well Information (Optional)

Idaho code measurement statute § 42-701 requires water users to measure water levels in their wells. However, IDWR recognizes that measuring water levels in some wells is very difficult, especially wells with submersible-type pumps installed. If the water level cannot be measured, please give a brief explanation in the comments section. If measured in during reporting year please report below:

Static Water Level: Ft. _____ Date _____ Time of day _____

Depth to water in the well with the **pump off** and water level stabilized, measured from approximate ground level to water surface in the well.

Dynamic Water Level: Ft. _____ Date _____ Time of day _____

Depth to water in the well with the **pump operating** at or near full capacity and the water level stabilized.

SECTION IVa. For Irrigation Uses; crop information and method of irrigation for area being served by this pump. If possible list each type of crop and the number of acres grown and number of acres irrigated with each of the irrigation systems methods.

<u>Crop</u>	<u>Acres</u>	<u>How irrigated? (no. of acres each method)</u>	
		<u>Sprinkler (acres)</u>	<u>Surface(acres)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Not Irrigated this year**	** _____		

Total acres _____

**** Show the numbers of acres normally irrigated but NOT irrigated for some reason this year.**

SECTION IVb. (Optional) For Non-Irrigation Uses; describe type of use:

SECTION V. Modifications made during reporting year and other comments

Please describe in the space below any major modifications made to the pumping plant or piping system, which would affect the accuracy of the flow measurements during reporting year. Attach drawings, sketches, photographs, notes, or design information if needed.

SECTION VI

Comments:

SECTION VII. Certification

I hereby certify that the above reported information is correct to the best of my knowledge and that I recognize that willful submittal of false or inaccurate data is a violation of law subject to the penalty provisions of Sections 42-311, 42-350 and 42-351, Idaho Code.

Date _____ Signature _____

For Office Use Only

Received by _____	Date _____
Reviewed by _____	Date _____
Data Entry by _____	Date _____